2013 Shared Health Plan Name										
BAYOU HEALTH Grievances and State Fair Hearings Report										
I. Contact Information										
Date:	15-Jan-14									
Health Plan Name:	Community Health Solutions of Louisiana									
Contact Name:	***									
Contact Title:	Executive Director									
Address:	5145 Bluebonnet Blvd, Suite B									
	Baton Rouge, LA 70809									
Telephone Number:	888-982-4752									
E-mail Address:	***									

## Community Health Solutions of Louisiana BAYOU HEALTH Grievances and State Fair Hearings Report

II. Review Activities								
	Grievances	State Fair Hearings						
Number of grievances reviewed	: 221							
Number of grievances/State Fair Hearings resolved	221							
Number of grievances considered invalid	N/A							
Average length of time to complete each grievances/State Fair Hearing	1.8 days							
Number of overturned decisions at State Fair Hearing Level	N/A							
Number of State Fair Hearing cases where plan reversed its decision in the member's favor	N/A							
Percentage of overturned decisions at the State Fair Hearing level	N/A							
Percentage of State Fair Hearing cases where plan reversed its decision in the member's favor	N/A							
In cases where the health plan decision was overturned in the member's favor at the State Fair Hearing level, what were the mos	t common reaso	ons?						
In State Fair Hearing cases where the health plan reversed its decision in the member's favor, what were the most common reas	ons?							
List the top 5 reasons that were most commonly the subject of grievances:								
1 Timeliness								
2 Quality of Care								
3Other								
4 Attitude/Service of staff								
5 Quality of office, building								
Additional Information Required for Annual Report Submission								
	Grievances	State Fair Hearings						
Number of grievances/ State Fair Hearings still pending at the end of Contract Year	:							
Percentage of overturned decisions at State Fair Hearing Level in Contract Year	:							
Percentage of State Fair Hearing cases where plan reversed its decision in the member's favor in Contract Year								

	Grievances Reporting Period:									
Griev	rances Reporting Period:									
(1) Date Grievance Received	(2) Medicaid ID of Member	(3) Individual & Relationship to Person Filing Grievance (Member, Authorized Rep. or Provider)	(4) Reason for Grievance (Use Number Code from Reason Summary)	(5) Grievance Reason Narrative	(6) Date Grievance Completed	(7) Number of Days to Resolve	(8) Details of resolution			
10/1/2013	***	***	5	Mother states that she has not been able to get her daughter in for an appointment in 4 weeks.	10/1/2013	0	Member changed to a new MH. Member has been seen by new MH. This resolved this issue. Referred to PSR to check into appointment times.			
10/1/2013	***	***		Mother states that every time she brings her daughter into the office the doctor tell her she is not sick even when she has a fever.	10/1/2013	0	Member changed to a new MH. This resolved this issue. Will track and trend for similar issues.			
10/1/2013	***	***	1	Responsible party stated she feels her child is not receiving the care she needs from the provider.	10/1/2013	0	Member changed to a new MH. Referred to CM to see if we can assist with anything. Will track and trend. Tried 2 times to reach mother and was unsuccessful both times.			
10/2/2013	***	***		Mother states that her child has health problems and when she tries to ask the doctor any questions he gets mad and will not answer her.	10/2/2013	0	Member changed to a new MH. Referred to CM to see if we can assist with anything. Will track and trend.			
10/2/2013	***	***	1	Member states the provider is not treating her arthritis correctly. She is in constant pain and is seeing better quality of care.	10/2/2013	0	Member changed to a new MH. Referred to CM to see if we can assist with anything. Will track and trend. CM spoke with member and she has seen new PCP and she did not need anything else.			
10/7/2013	***	***	3	Sister states that the provider and staff were rude to her	10/7/2013	0	Member changed to a new MH. Referred to PSR to talk to the office about this. Will track and trend. PSR spoke with office manager. The office manager spoke with he staff and they don't recall this incident. Closed.			
10/7/2013	***	***	3	Mother states that the staff at the office is rude and she had to waited nearly an hour for the last appointment once she got to the office.	10/7/2013	0	Member changed to a new MH. Referred to PSR to talk to the office about this issue. Will track and trend.			
10/7/2013	***	***		Member states that the provider came in and listened to him for 5 minutes and then walked out while the member was still talking.	10/7/2013	0	Member changed to a new MH. Referred to CM to see if they can assist with anything. Will track and trend. Member has consented to CM. Closed			
10/7/2013	***	***	5	Member was on hold with transportation for 19 minutes	10/7/2013	0	This is average hold time for this part of the month.  Member was able to get transportation scheduled. Will track and trend.			

				Grievances Reporting Period:			
Griev	ances Reporting Period:						
(1) Date Grievance Received	(2) Medicaid ID of Member	(3) Individual & Relationship to Person Filing Grievance (Member, Authorized Rep. or Provider)	(4) Reason for Grievance (Use Number Code from Reason Summary)	(5) Grievance Reason Narrative	(6) Date Grievance Completed	(7) Number of Days to Resolve	(8) Details of resolution
10/7/2013	***	***	14	Member's mother states the provider advised her they cannot take care of her because they did not have any lights.	10/7/2013	0	Member changed to a new MH. Referred to PSR. Unable to reach member to get clarification.
10/7/2013	***	***	6	Members mother states that the provider's office refuses to see her child until \$300 is paid for an unpaid bill from 7/2013.	10/14/2013	7	Member changed to a new MH. Spoke with billing at MH. She stated that the previous balance comes from services the private insurance didn't cover. Closed.
10/7/2013	***	***	5	Mother states that it is too hard to make appointments, she feels the office is too busy and that is why she can't get in.	10/7/2013	0	Member changed to a new MH. Referred to PSR to speak to office about appointments. Will track and trend. PSR spoke with office manager. She stated that the practice just began using EMR, and with the change, her staff is not able to see her existing members much less do they have the ability to see new patients. Although the member is linked to his practice they have never been seen. She stated that they will be able to get back to capacity and the amount of patients they normally see, but with the new changes they are stretched thing.
10/7/2013	***	***	1	Mother states that she is unable to understand the doctor and doesn't believe that her daughter is getting the proper care. She believes her daughter has Down's Syndrome but doctor says nothing is wrong with her.	10/7/2013	0	Member changed to a new MH. Referred to CM for assistance. CM tried two times to reach mom and was unsuccessful.
10/8/2013	***	***	1	Mother states that she took her daughter in to be seen by the provider. The provider informed her that she just had a common cold. She was given cough and cold medicine. Her daughter got worse so she took her provider back to the provider, stating that she needs an antibiotic. The provider informed her she was Ok. She then took her to the hospital where she was informed that her white blood count was extremely high. She does not want her children to go back to that provider.	10/8/2013	0	Member was changed to a MH. Will track and trend.
10/8/2013	***	***	5	Member states that every time she goes in to see the doctor she feels rushed through the appointment and that the doctor never listens to her.	10/8/2013	0	Member changed to a new MH. Will track and trend for similar issues.

				Grievances Reporting Period:			
Grieva	ances Reporting Period:						
(1) Date Grievance Received	(2) Medicaid ID of Member	(3) Individual & Relationship to Person Filing Grievance (Member, Authorized Rep. or Provider)	(4) Reason for Grievance (Use Number Code from Reason Summary)	(5) Grievance Reason Narrative	(6) Date Grievance Completed	(7) Number of Days to Resolve	(8) Details of resolution
10/8/2013	***	***	5	Member states the provider's office never returned her calls for prescription refills and that she had to wait over 2 hours past her appointment time.	10/8/2013	0	Member changed to a new MH. Will track and trend. Referred to PSR about wait times and prescription refills. Referred to CM. Member was able to get prescriptions about her appointment.
10/8/2013	***	***	1	Mother states that her child had a high fever and the provider did not seem concerned or interested in treating her.	10/8/2013	0	Member changed to a new MH. Will track and trend for similar issues.
10/8/2013	***	***	5	Member states they were on hold with transportation for more than 12 minutes.	10/8/2013	0	This is average hold time for this part of the month.  Member was able to get transportation scheduled. Will track and trend.
10/9/2013	***	***	1	Grandmother states that her grandson is in dire need of having his tonsils removed but his doctor will not allow for the procedure to be covered by Medicaid. The doctor told her he would only schedule an appointment if she found a surgeon willing to do the surgery on Medicaid. She has tried to reach the Medicaid office but has never reached anyone and continues to be put on hold. She called the governor's office for assistance.	10/10/2013	1	MPS is assisting the grandmother in finding an ENT or general surgeon. Grandmother was provided with a provider that was accepting patients. She was advised to give us a call if she had any more issues. She was happy with us reaching out to her and assisting.
10/9/2013	***	***	1	Father states that he has taken his son in for a hearing test several times and all he is given is antibiotics and nothing gets better. He feels that after the 3rd dose of medication it is time for more help.	10/9/2013		Member changed to a new MH. He has been seen by new MH. Referred to CM to see if we can assist with anything. CM spoke with the father and he is now happy. The new PCP advised him that his son has a lot of fluid in his ears and they are doing a course of antibiotics and if not cleared up will do a 2nd round and after 21 days total will put tubes in if still an issue. He states he was concerned about the failing hearing tests. He is happy. Closed
10/9/2013		***	1	Mother states that every time she takes her children into the office all the doctors do is ask what is wrong and give a prescription. She doesn't feel they ever get a real exam	10/9/2013		Member changed to a new MH. Will track and trend for similar issues.
10/10/2013	***	***	5	Mother states that she is never able to get an appointment and that when she tells them her daughter has a high fever they just tell her to go to the emergency room.	10/10/2013		Member changed to a new MH. Will track and trend for similar issues. Referred to PSR.

	Grievances Reporting Period:									
Griev	ances Reporting Period:									
(1) Date Grievance Received	(2) Medicaid ID of Member	(3) Individual & Relationship to Person Filing Grievance (Member, Authorized Rep. or Provider)	(4) Reason for Grievance (Use Number Code from Reason Summary)	(5) Grievance Reason Narrative	(6) Date Grievance Completed	(7) Number of Days to Resolve	(8) Details of resolution			
10/11/2013	***	***	4	Mother states the facility was not clean, and the doctor is not physical able to assist the member. She also stated she felt uncomfortable.	10/11/2013	0	Member changed to a new MH. Will track and trend for similar issues. Referred to PSR.			
10/11/2013	***	***	1	Member states she went to see the provider on 9/13, stating she broke her hand and needed Syboxin medication. The clinic does not dispense it. She feels she is not getting the medications that she needs.	10/11/2013	0	Member changed to a new MH. Will track and trend for similar issues.			
10/14/2013	***	***	4	Member states that she went to the office only once in December. She states the office is dirty and that the provider had a bit of an attitude with her and was grumpy.	10/14/2013	0	Member changed to a new MH. Will track and trend for similar issues. Referred to PSR.			
10/14/2013	***	***	3	Mother brought her son in for a visit on 10/10/13. She asked the provider for a copy of medication directions for school in order for them to be able to change medication. She stated the doctor refused o give her the paperwork/directions and stated would not write a note.	10/14/2013	0	Member changed to a new MH. Referred to CM. They spoke with the mother and she received the paperwork from the new MH and she does not need anything else.			
10/15/2013	***	***	3	Member states she was told that the doctor could not help her. She states they never called her back and when she calls she doesn't get an answer.	10/15/2013	0	Member changed to a new MH. Referred to PSR.			
10/15/2013	***	***	5	Mother states that she does not like to sit & wait for three hours until her daughter is seen by the provider.	10/15/2013	0	Member changed to a new MH. Referred to PSR about wait times.			
10/16/2013	***	***	5	Member states he was recently in a car accident and is going through claims with his insurance company and has requested records from his current primary care provider. He has been waiting for his records; the last request was made over 2 weeks ago. In addition, he states that the doctor's office provided his medical records to a lawyer without prior authorization. He also stated that he has been repeatedly misdiagnosed resulting in frequent visits to the ER following his doctor's visits.	10/29/2013	13	Member changed to a new MH. Spoke to member he believes the insurance company did receive his medical records. He will call me back if they have not. He stated there was no other issues. Closed			
10/16/2013	***	***	1	Mother feels she was mislead by the provider due to she was told that the provider was a pulmonologist and she was not. She also stated the provider blames all her daughters issues on her due to her past smoking. On one visit she was treated for flu but ended up having kidney issues.	10/16/2013	0	Member changed to a new MH. Unable to reach member's mother for additional information.			

				Grievances Reporting Period:			
Griev	rances Reporting Period:						
(1) Date Grievance Received	(2) Medicaid ID of Member	(3) Individual & Relationship to Person Filing Grievance (Member, Authorized Rep. or Provider)	(4) Reason for Grievance (Use Number Code from Reason Summary)	(5) Grievance Reason Narrative	(6) Date Grievance Completed	(7) Number of Days to Resolve	(8) Details of resolution
10/16/2013	***	***	5	Responsible party stated she is not happy with the quality of care the her child is receiving from the provider. She stated she has called office, left messages, & has not yet received a call back from office in regards to her care.	10/16/2013	0	Member changed to a new MH. Referred to CM. CM spoke with mom and has been seen by the new pediatrician and is happy with them.
10/17/2013	***	***	1	The mother states that the provider would not prescribe her child the medications provided by the former PCP.	10/17/2013	0	Member changed to new MH. Referred to CM to see if the member was able to get the medications.
10/17/2013	***	***	1	Responsible party stated she took her child in because she had a fever & was sick. The provider just kept repeating the same information over and over again. She stated that she had to wait 3 week before getting antibiotics. Since this has happened she doesn't want her other children to see this provider.	10/17/2013	0	Member changed to new MH. Claims review shows no prescriptions filled recently. Spoke to office manager and she review chart and did not find where the doctor prescribed any antibiotics. Will track and trend.
10/17/2013	***	***	3	Mother states the doctor is rude and talks to her in an insulting tone. Her and her son do not like the doctor.	10/17/2013	0	Member changed to a new MH. Referred to PSR to outreach about the doctor being rude.
10/17/2013	***	***	5	Responsible party stated that it is hard to be seen by the provider and hard for them to make an appointment	10/17/2013	0	Member changed to a new MH. Call to RP to check into what the difficulties are. Will track and trend.
10/17/2013	***	***	14	Member states the provider told her she has too many health issues for him to see her and discharged her from the practice.	10/17/2013	0	Member changed to a new MH. Referred to CM to see if they can assist with finding a provider that can treat her health issues. Unable to reach.
10/18/2013	***	***	14	Received complaint from DHH stating that member cannot find a doctor who will treat her on Medicaid.	10/22/2013	4	MPS found an orthopedic specialist that accepts Medicaid. They have assisted member getting an appointment on 10/30 to get established with MH so they can obtain a referral to the specialist.
10/18/2013		***	14	Member states is uncomfortable with the provider. When she went in for her visit on 7/18/13 the doctor assumed she was there for drugs and told her "you won't get drugs here".	10/18/2013	0	Member changed to a new MH. Referred to CM after claims review. Will track and trend for similar issues.
10/21/2013	***	***	14	Member states she made an appointment with the provider and they told her they would not see her because she has an insulin pump and they do not see patients with pumps. The provider did not want to give her medication and fought with her on whether or not it was a narcotic.	10/21/2013	0	Member changed to a new MH. Will track and trend for similar issues. Referred to CM.

	Grievances Reporting Period:									
Griev	ances Reporting Period:									
(1) Date Grievance Received	(2) Medicaid ID of Member	(3) Individual & Relationship to Person Filing Grievance (Member, Authorized Rep. or Provider)	(4) Reason for Grievance (Use Number Code from Reason Summary)	(5) Grievance Reason Narrative	(6) Date Grievance Completed	(7) Number of Days to Resolve	(8) Details of resolution			
10/21/2013		***	14	Member state the provider office has closed and advised her they would forward her records to another facility. She stated the records were never transferred. She also stated those providers should have never been in practice. She stated she would love to go back to the practice if they ever open back up.	10/21/2013	0	Member changed to a new MH. Referred to PSR to verify if practice closed.			
10/21/2013	***	***		Mother stated that once appointment is made, it can take 4 hours for appointment to actually be completed.	10/21/2013	0	Member changed to a new MH. Referred to PSR. Call placed to mom to get additional information.			
10/21/2013	***	***	5	Mother stated that once appointment is made, it can take 4 hours for appointment to actually be completed.	10/21/2013	0	Member changed to a new MH. Referred to PSR. Call placed to mom to get additional information.			
10/21/2013	***	***		Mother stated that once appointment is made, it can take 4 hours for appointment to actually be completed.	10/21/2013	0	Member changed to a new MH. Referred to PSR. Call placed to mom to get additional information.			
10/21/2013	***	***	5	Responsible party stated that when she calls to schedule an appointment for her child it takes a week to make the appointment.	10/21/2013	0	Member changed to a new MH. Referred to PSR. Called placed to RP to get more information about what type of appointment.			
10/21/2013	***	***	5	Mother states she waited 2 hours and the office was unable to treat her son, no medicine was provided and he is still ill.	10/21/2013	0	Referred to CM. Member changed to a new MH. Will track and trend. CM spoke with mother and he was seen by the new provider the next day and is doing fine.			
10/21/2013	***	***	5	Spouse states that she is unable to get appointments and that she needs a new doctor to get her family's medication.	10/21/2013	0	Member changed to a new MH. Will track and trend for similar issues.			
10/22/2013	***	***		Mother states office is not clean, paint coming off walls and the seats are torn up. She also states in October when she called to check the date and time of the her daughter's appointment, the office staff was rude advising they didn't know date and time and since she was the one who made the appointment, she should know.	10/22/2013	0	Referred to PSR. Member changed to a new MH. Will track and trend for similar issues.			
10/22/2013	***	***		Mother states office is not clean, paint coming off walls and the seats are torn up. She also states in October when she called to check the date and time of the her daughter's appointment, the office staff was rude advising they didn't know date and time and since she was the one who made the appointment, she should know.	10/22/2013	0	Referred to PSR. Member changed to a new MH. Will track and trend for similar issues.			

	Grievances Reporting Period:									
Grieva	ances Reporting Period:									
(1) Date Grievance Received	(2) Medicaid ID of Member	(3) Individual & Relationship to Person Filing Grievance (Member, Authorized Rep. or Provider)	(4) Reason for Grievance (Use Number Code from Reason Summary)	(5) Grievance Reason Narrative	(6) Date Grievance Completed	(7) Number of Days to Resolve	(8) Details of resolution			
10/22/2013	***	***	1	The members mom stated that when she took her son into the office for constipation; they gave him medications for issue and advised her that a follow up was not necessary. They just kept pushing medicine versus actually follow up with provider	10/22/2013	0	Member changed to a new MH. Will track and trend for similar issues.			
10/22/2013	***	***	5	Members mother states that the office is too busy; she usually has a hard time making an appointment and the last time she did have an appointment, she was in the waiting room for two hours and was still not seen by the doctor.	10/22/2013	0	Member changed to a new MH. Referred to PSR about wait times. Will track and trend for similar issues.			
10/22/2013	***	***	14	Member's mother states that she took her son to the doctor with a high fever. They advised her that she needed to wait for her appointment that day. She stated that one of the employees said "I wish to grab you by the neck and strangle you." She stated she did not want to complain.	10/22/2013	0	Member changed to a new MH. Will track and trend for similar issues. Mother did not want to complain. Closed.			
10/22/2013	***	***	1	Member states the doctor wants to change her prescriptions and that she does not agree with the changes.	10/22/2013	0	Member changed to a new MH. Referred to CM.			
10/22/2013	***	***		Member stated nothing is being done when she goes in to see the provider. The provider does not look at her physically. She stated she has medical issues that need the provider's attention; the provider does not seem to be concerned regarding these medical conditions. She stated that the provider is not doing what he should be doing. The provider informed her to contact her OB/GYN in regards to all of her medical needs. She stated that going to this provider is a waste of her time.	10/29/2013	7	Referred to CM to assist with medical issues. Member will choose a new MH. CM spoke wish member. Explained that most PCP's will refer all treatment to an OB/GYN when pregnant and especially with twins. Member declined maternity program. She did receive the directory and will call back with her choice. No further issues.			
10/22/2013	***	***		Mother states office is not clean, paint coming off walls and the seats are torn up. She also states in October when she called to check the date and time of the her daughter's appointment, the office staff was rude advising they didn't know date and time and since she was the one who made the appointment, she should know.	10/22/2013	0	Referred to PSR. Member changed to a new MH. Will track and trend for similar issues.			
10/23/2013	***	***		Member's mother stated that one month ago the provider prescribed the same medication twice; the pharmacy advised her it will be an overdose. Also a year ago they were going o give the same injection the same day she caught the nurse and told her the other nurse had given the injection the nurse verified this and apologized.	10/30/2013	7	Member changed to a new MH. Spoke to office manager and the nurse practitioner who wrote the prescription for Azithromycin (Z pack). This prescription is always written to take a higher dose the first day and then to decrease after this.			

				Grievances Reporting Period:			
Griev	ances Reporting Period:						
(1) Date Grievance Received	(2) Medicaid ID of Member	(3) Individual & Relationship to Person Filing Grievance (Member, Authorized Rep. or Provider)	(4) Reason for Grievance (Use Number Code from Reason Summary)	(5) Grievance Reason Narrative	(6) Date Grievance Completed	(7) Number of Days to Resolve	(8) Details of resolution
10/23/2013	***	***	14	Member has been having issues with headaches and has asked his provider for a referral to get an MRI. The provider refused. He then was told to call a specialist office for the issue, he did and the specialist states there was no referral from PCP. He feels too much back and forth that nothing is getting done.	10/23/2013	0	Member has changed to a new MH. Referred to CM to have them assist with the referral to the specialist. CM unable to reach member. CM sent unable to reach letter.
10/23/2013	***	***	1	Member's mother feels as if the provider is not listening to her concerns and has possibly too much on their plates at this time. She doesn't feel like she is getting care that she needs for him. He is ADHD, and they are not listening. He was given medications and had side effects; the provider told her to take him off the medication but advised her they will not be prescribing any more medications at this time.	10/23/2013	0	Member changed to a new MH. Referred to CM. CM was unable to reach. CM sent unable to reach letter.
10/23/2013	***	***	3	Responsible party states there her child needed to be seen for a sick visit on 10/12/13 at 2:30. She called the office prior to the appointment time to say she was on her way and that she got held up at his school. The office staff was extremely rude and said she could not come in. She rescheduled the sick visit for a week from that day. In addition she states the office charges one dollar if they have to run the Medicaid Id number.	10/23/2013	0	Member changed to a new MH. Referred to PSR about staff attitude and sick visits. Referred to CM.
10/23/2013	***	***	14	Responsible party states member has hyperthyroid problems and needs to see a family doctor that can better assist with her treatment.	10/23/2013	0	Member changed to a new MH. They will set up a new appointment.
10/23/2013	***	***	5	Member states she has been trying to make a follow up appointment with the provider since July and has not been successful.	10/23/2013	0	Member changed to a new MH. Referred to PSR.
10/23/2013	***	***	1	The responsible party stated she is not satisfied with the care her child is receiving from the provider. The provider is not very thorough with him. She stated that when she asks for a referral for him to see a specialist the provider is asking questions as to why he needs the referral.	10/23/2013	0	Member changed to a new MH. Will track and trend for similar issues.
10/23/2013	***	***	14	Member stated the practice is not able to treat her or provide her with the medications she needs.	10/23/2013	0	Member changed to a new MH. Referred back to CM.
10/24/2013	***	***	14	Member stated she is tried of the provider taking blood and stating her white blood count is low and referring her to different specialists that tell her nothing is wrong with her.	10/24/2013	0	Member changed to a new MH. Referred to CM.

	Grievances Reporting Period:									
Griev	ances Reporting Period:									
(1) Date Grievance Received	(2) Medicaid ID of Member	(3) Individual & Relationship to Person Filing Grievance (Member, Authorized Rep. or Provider)	(4) Reason for Grievance (Use Number Code from Reason Summary)	(5) Grievance Reason Narrative	(6) Date Grievance Completed	(7) Number of Days to Resolve	(8) Details of resolution			
10/24/2013		***	5	Member's mother states it feels like the wait is too long in the office and does not like that every time the provider sees her son to refill his prescription she wants to do blood work.	10/24/2013	0	Member changed to a new MH. Referred to CM to explain why labs would be done with prescriptions refills.			
10/24/2013	***	***	3	Member states she called the doctor to get a refill and was told she could not have it without coming in. When she explained the issue and said she could not get a ride because she needs to give 2 days notice, she was treated rudely and spoken to in an unprofessional manor. She does not want to visit this facility again.	10/24/2013	0	Member changed to a new MH. Referred to PSR to talk to the office about being rude.			
10/24/2013	***	***	1	Member's mother states that she took her son in for a check-up where blood was found in his urine. Upon asking what could cause this, the PCP wrote on a napkin for their next visit. When she asked about the urine in blood the PCP said he was busy and to just come back in a month. She was not happy with the treatment.	10/31/2013	7	Member changed to a new MH. I spoke to the office and the doctor asked mom to bring him back in a month to see if the issue has resolved itself. The office manager will call mom to explain this.			
10/24/2013	***	***	14	Mother states the provider didn't check her that much.	10/24/2013	0	Member changed to a new MH. Will track and trend for similar issues.			
10/24/2013	***	***	5	Mother states that she had scheduled transportation for her son on two separate occasions, and that the transportation department did not show up. She also mentioned that where she lives Verizon is the only wireless phone service that works in that particular area.	11/1/2013	8	Spoke with mother she doesn't remember when these incidents happened. I told I would call and speak with First Transit. I spoke to first transit and they don't show they have used transportation. I called back and advised mom to make sure she wrote down the names & dates when setting up transportation and if she has any issues with this again to let us know immediately.			
10/24/2013	***	***	5	Mother states that she had scheduled transportation for her daughter on one occasion, and transportation department did not show up. She also mentioned that where she lives Verizon is the only wireless phone service that works in that particular area.	11/1/2013	8	Spoke with mother she doesn't remember when these incidents happened. I told I would call and speak with First Transit. I spoke to first transit and they don't show they have used transportation. I called back and advised mom to make sure she wrote down the names & dates when setting up transportation and if she has any issues with this again to let us know immediately.			

	Grievances Reporting Period:										
Griev	ances Reporting Period:										
(1) Date Grievance Received	(2) Medicaid ID of Member	(3) Individual & Relationship to Person Filing Grievance (Member, Authorized Rep. or Provider)	(4) Reason for Grievance (Use Number Code from Reason Summary)	(5) Grievance Reason Narrative	(6) Date Grievance Completed	(7) Number of Days to Resolve	(8) Details of resolution				
10/24/2013	***	***		Member's mother states that whenever she takes her child into the office, she has to wait too long to see the doctor	10/24/2013	0	Member changed to a new MH. Referred to PSR. Will track and trend for similar issues				
10/24/2013	***	***	1	Mother feels when she takes her son to the doctor's office and asks questions all she gets is condescending answers and feels like the doctor is belittling her. The doctor is always making comments about what she lets her child do or what he feels her situation is. When she calls in to get an appointment or ask questions the staff is rude and no one ever calls back. She tried to change providers in the office but the staff gave her a hard time and would not let her.	10/24/2013	0	Member changed to a new MH. Referred to PSR. Will track and trend for similar issues.				
10/24/2013	***	***		Member's mother states that when she takes her children to the doctor she has to wait almost 5 hours to get seen then the doctor just tells her that her child only has a virus and it needs to work its course. Then 2 or 3 days later she has to go back for medication.	10/24/2013	0	Member changed to a new MH. Referred to PSR.				
10/25/2013	***	***		Member's mother states she took her child to the doctor for warts on her hands. She stated provider only looked at her hands and tried to refer her to a specialist but it may take a minute for her to be seen. She states they sat in the office for 3 1/2 hours before she was seen, and then the provider told her that the warts may come back, nothing he could do but refer her to a specialist.	10/25/2013	0	Member changed to a new MH. Referred to PSR about wait time. Will track and trend for similar issues.				
10/25/2013	***	***		Member's mother states she called to make an immunization appointment and was advised by the receptionist that they were no longer taking appointments, and had no timeframe as to when they would resume.	10/25/2013	0	Member was able to get updated shots at the immunization bus. Member changed to new MH. Referred to PSR to find out why the office was not making appointments. Will track and trend.				
10/25/2013	***	***		Member's mother states she called to make an immunization appointment and was advised by the receptionist that they were no longer taking appointments, and had no timeframe as to when they would resume.	10/25/2013	0	Member was able to get updated shots at the immunization bus. Member changed to new MH. Referred to PSR to find out why the office was not making appointments. Will track and trend.				
10/28/2013	***	***	5	Member states PCP giving prescriptions but will not call them in and having a hard time scheduling appointments with current PCP.	10/28/2013	0	Member changed to a new MH. Referred to PSR about prescriptions. Will track and trend for similar issues.				

				Grievances Reporting Period:			
Griev	ances Reporting Period:						
(1) Date Grievance Received	(2) Medicaid ID of Member	(3) Individual & Relationship to Person Filing Grievance (Member, Authorized Rep. or Provider)	(4) Reason for Grievance (Use Number Code from Reason Summary)	(5) Grievance Reason Narrative	(6) Date Grievance Completed	(7) Number of Days to Resolve	(8) Details of resolution
10/28/2013	***	***	14	Member states that she has back bone deterioration condition, and stated that PCP was not able to treat her. She also stated that she was referred to another PCP who is a specialist that treats her condition, but in order to continue to see that specialist, she needed to be linked to them as primary care. She stated she would just rather see the same doctor for specialist/PCP rather than having 2 different providers.	10/28/2013	0	Member changed to a new MH. This resolved her issue so she can see the specialist.
10/28/2013	***	***	3	Member states that current PCP was very rude when member saw him on 9/23/13. Only saw member for 5 minutes, also inaccurate diagnosis. Assumed member had depression but member said she doesn't have depression. She had nerve damage & disc problems & back surgeries.	10/28/2013	0	Member changed to a new MH. Referred to PSR about provider being rude. Will track and trend for similar issues.
10/28/2013	***	***	1	Member's mother states that her son is having trouble with tonsils. She stated, after asking the provider what they are going to do with the enlarged tonsil, the provider intern asked, what she thinks he should do. She stated they had to suggest to the provider to remove his tonsils. she stated the provider stopped giving medication to the member since they weren't working, without trying any new methods. She stated this provider is not fulfilling her kids needs.	10/28/2013	0	Member changed to a new MH. Referred to CM. CM spoke with the mother, they switched doctors and she is very happy. Issue resolved.
10/30/2013	***	***	1	Member's mother states that the nurse practitioner was very rude about her son having a bleeding ear. He was given medication that made it worse and he had to be hospitalized.	11/19/2013	20	Member changed to a new MH. Referred to CM. CM was unable to reach member's mother.
10/30/2013	***	***	3	Member states that the nurse practitioner was holding the child down to check ear with force and screaming at mother "if you cannot control your child you should not bring him to the doctor"	11/6/2013	7	Member changed to a new MH. Spoke with office. Office manager spoke with the NP and reviewed the medical records. The NP did not scream at the mother. The child was not being cooperative with the exam so the NP asked mom to hold him and even showed her how to hold him for an ear exam. Mom wanted a referral to an ENT surgeon but would not sign a medical release for this office to review his records before giving a referral.

				Grievances Reporting Period:			
Griev	ances Reporting Period:						
(1) Date Grievance Received	(2) Medicaid ID of Member	(3) Individual & Relationship to Person Filing Grievance (Member, Authorized Rep. or Provider)	(4) Reason for Grievance (Use Number Code from Reason Summary)	(5) Grievance Reason Narrative	(6) Date Grievance Completed	(7) Number of Days to Resolve	(8)  Details of resolution
10/30/2013	***	***	3	Member's mother states that her child is treated rudely by the pediatric office.	10/30/2013	0	Member changed to a new MH. Left message for mom to call me back. PSR spoke to office and member has not been seen since 11/28/2012. A letter was sent out to the mother regarding an outstanding bill from when the member had private insurance. Closed.
10/30/2013	***	***	1	Responsible party stated that her child is not getting the medications that she needs. The responsible party informed her to take her to another medical home.	10/30/2013	0	Member changed to the new MH the provider advised her to go to.
10/28/2013	***	***	1	Member's mother states her son has asthma, but doctor insists that he does not and will not treat him for asthma.	10/28/2013	0	Member changed to a new MH. Referred to CM.
10/28/2013	***	***	3	Member states that the FNP said she didn't have time for all of the member's issues. She said she kept telling her that she didn't have time for all of her issues that day. She states she has to wait three months for a visit there.	10/28/2013	0	Member changed to a new MH. Referred to PSR.
10/29/2013	***	***	5	Member's mother states that the office will only make appointments early in the morning and she is unable to get to the office until the afternoon. She states the phone is always busy so she has a hard time getting through.	10/29/2013	0	Member changed to a new MH. Spoke to office and appointments will vary depending on what doctor they are seeing.
10/29/2013	***	***		Member states she went to the office on 10/29/13 to get a referral from them for her ENT specialist, when she got there to get the referral, the doctor look at her ears and wrote prescription she never received. The front desk advised that she would get a phone call in a few days to give her referrals. Patient had ENT appointment today but hasn't been able to go because the woman that she needed to see for the referral was not available but she would be back in 3 to 4 days.	11/6/2013	8	CM spoke with member and explained the referral process. Spoke with the office. She explained that the reason the referral didn't get processed was because the doctor forgot to release the flag. My call triggered them to process the referral and set up and appointment for the member to an ENT. They called member with the information and she declined to accept the referral or the appointment.
10/31/2013	***	***		Member states that the doctor prescribed her pain medicine once, but refuses to issue refills.	11/4/2013	4	Member changed to a new MH. Spoke to office manager and they do not treat for chronic pain. They referred member out to pain management. Closed.

	Grievances Reporting Period:											
Griev	ances Reporting Period:											
(1) Date Grievance Received	(2) Medicaid ID of Member	(3) Individual & Relationship to Person Filing Grievance (Member, Authorized Rep. or Provider)	(4) Reason for Grievance (Use Number Code from Reason Summary)	(5) Grievance Reason Narrative	(6) Date Grievance Completed	(7) Number of Days to Resolve	(8) Details of resolution					
10/31/2013		***		Member states the provider does not seem interested in treating her health problems. She stated that the doctor usually sends her to the emergency room.	11/4/2013	4	Member changed to a new MH. Spoke with office member misses scheduled appointments all the time. She will reschedule them 2 to 3 times before coming in. Will track and trend.					
10/31/2013	***	***	1	Member states that the doctor did not follow up with him to check is sugar levels, when they were high. He also stated that he felt the doctor at the new MH did not care about his health.	10/31/2013	0	Member changed back to his previous provider. Issue resolved.					
10/31/2013	***	***		Member stated she left several message with her MH. She states the office took a long time to get back to her and when they did get back to her they stated they would send her referral over to the specialist. She states when she called the specialist, they advised her they do not have any referral for her.	10/31/2013	0	Member prefers to see someone linked with Lake Charles Medical Hospital, as that is where all her specialist are located. Member changed to a new MH. Call placed to office about referral process.					
10/31/2013	***	***		Member stated he went to see his MH one time. He stated he sat in the room and waited over an hour and he was not seen. He stated he was no happy with the MH.	10/31/2013	0	Member changed to a new MH. Will track and trend for similar issues.					
10/31/2013	***	***		Member states the provider does not do anything for her. She stated provider does not send her to get blood work or give her results.	10/31/2013	0	Member changed to a new MH. Will track and trend for similar issues.					
10/31/2013	***	***	1	Member states that she had an appointment with her MH and was rushed out of the office with unanswered questions.	10/31/2013	0	Member changed to a new MH. Will track and trend for similar issues.					

				<b>Grievances Reporting Period:</b>			
Griev	ances Reporting Period:						
(1) Date Grievance Received	(2) Medicaid ID of Member	(3) Individual & Relationship to Person Filing Grievance (Member, Authorized Rep. or Provider)	(4) Reason for Grievance (Use Number Code from Reason Summary)	(5) Grievance Reason Narrative	(6) Date Grievance Completed	(7) Number of Days to Resolve	(8) Details of resolution
10/31/2013	***	***	1	Member states the provider diagnosed her with acid reflux and prescribed Prilosec. She stated that the nurse refused to consider it was a more severe diagnosis. She stated she got a second opinion and it was a very severe condition, so she feels the nurse was willing to allow her to be very ill or possibly die.	11/11/2013	11	Referred to CM to contact the MH. Member changed to a new MH. CM spoke with the NP. The nurse practitioner stated she came in for abdominal pain, nausea, told them she had a colonoscopy that was all clear. The nurse offered an x-ray the member refused. NP offered to do a CBC and said she would think about it. NP offered Prilosec and she refused, she was picking and choosing what treatments she wanted. She also offered Allegra and Zyrtec for a sinus problem, member then said what are you going to do for my pain. NP told her that you do not appear to be in pain, she said she was in serve pain and needed Ultram. The NP said she would not order Ultram for her and she "threw a fit". The member started saying she did not help her, NP offered to let her see someone else in the clinic and the member said no.
11/1/2013	***	***	1	Member's mother states she took her son to the provider on 10/14/13 for a viral issue. She states the doctor whose name she could not remember did not give her son any medications. She was advised that it was a virus and there was nothing they could do. She stated they were sent home with no medical advice on how to treat him from home. She does not feel the issue was treated correctly and does not feel the office checks with the children thoroughly when they go in for a visit. The doctor usually gives them Zyrtec and sends them home.	11/1/2013	0	Member has changed to a new MH. Will track and trend for similar issues.
11/1/2013	***	***	14	Member's mother states that her son has ADHD. She states they doctor advised her that she is unable to treat patients with ADHD.	11/1/2013		Member changed to a new MH. Spoke with office manager. This child is under 5 and the doctor will not treat children under 5 for ADHD. The member was referred in February 2013 to specialist. Closed.

				Grievances Reporting Period:			
Griev	ances Reporting Period:						
(1) Date Grievance Received	(2) Medicaid ID of Member	(3) Individual & Relationship to Person Filing Grievance (Member, Authorized Rep. or Provider)	(4) Reason for Grievance (Use Number Code from Reason Summary)	(5) Grievance Reason Narrative	(6) Date Grievance Completed	(7) Number of Days to Resolve	(8) Details of resolution
11/1/2013	***	***	14	Member's dad states he took his soon to the doctor's office on 10/29/13, at that time he asked for an itemized receipt for he bill he paid in cash, amount \$50. The receptionist gave him a receipt at the end of the visit but it only showed his name and what was paid it did not show what it was for. The father called the office back and reiterated he needed a receipt with the itemized information on it, he states he was told by the receptionist that he should've received that upon his visit and they could not reprint it for him. He was then transferred to another receptionist that could not help him.	12/3/2013	32	Spoke with office manager. She states they are able to reprint receipts. She didn't know if there was some confusion as to what he member needed. I le the office manager know I would have him call them and if he had any problems to ask for her. I left a message for the member's father to call me back so we could discuss the issue.
11/1/2013	***	***	1	Member's mother states she took her son to the provider on 10/14/13 for a viral issue. She states the doctor whose name she could not remember did not give her son any medications. She was advised that it was a virus and there was nothing they could do. She stated they were sent home with no medical advice on how to treat him from home. She does not feel the issue was treated correctly and does not feel the office checks with the children thoroughly when they go in for a visit. The doctor usually gives them Zyrtec and sends them home.	11/1/2013	0	Member has changed to a new MH. Will track and trend for similar issues.
11/4/2013	***	***	14	Member's wife states that on 8/27/13, last office visit that the NP told her husband that he needs to find a job instead of being a member of Medicaid. She states that he inquired if member or his wife applied for any jobs within the last week.	11/4/2013		Spoke with office. The notes say that the member was irate yelling and cursing. Member asked for a refill for a narcotic. The NP explained by law there are certain medications that he cannot write for and they would refer out to a provider that could best treat the condition. They provided a referral for psychiatry. Member changed to a new MH.
11/4/2013	***	***	1	Member's mother stated that she took her son in on 10/31/13 for a wellness visit and was given a shot that contains tetanus vaccine which member has already had and as a result member got very sick and had to be admitted to the hospital.	11/4/2013	0	Member changed to a new medical home. Referred to CM. They were unable to get a hold of member's mother.
11/4/2013	***	***	5	Member's mother states she has called the medical home several time in attempts to get a referral to an ENT specialist and they have not contacted her back. The member has tubes in her ear and has an infection.	11/4/2013	0	Member changed to a new MH. Referred to CM about referral to ENT.

				Grievances Reporting Period:			
Griev	ances Reporting Period:						
(1) Date Grievance Received	(2) Medicaid ID of Member	(3) Individual & Relationship to Person Filing Grievance (Member, Authorized Rep. or Provider)	(4) Reason for Grievance (Use Number Code from Reason Summary)	(5) Grievance Reason Narrative	(6) Date Grievance Completed	(7) Number of Days to Resolve	(8) Details of resolution
11/4/2013	***	***	5	Member stated that the MH is a walk in clinic and they do not schedule appointments. She stated the office's walk in schedule is not convenient for her as she would have to arrive at practice at 8am to be seen for that day.	11/4/2013	0	Member changed to a new MH. The change of MH resolved her issue.
11/4/2013	***	***	1	Member's mother states she is not happy with the level of car her child received at the doctor's office. She stated she would prefer her child to see another provider.	11/4/2013		Member changed to a new MH. Has been seen by the new MH. This resolved the issue.
11/4/2013	***	***	5	Member's mother states her daughter is having problems wither her knee swelling so badly that she cannot walk. She has an appointment at the MH on 11/11/13 but needs to change to another provider that can see her quicker	11/4/2013		Member changed to new MH. Member was seen by another provider.
11/4/2013	***	***	14	Member states that she was prescribed new medication by the providers office different from medication that she has been taking for years. She doesn't want to take them as she knows they will not work for. She wants to continue on the same medications she has been taking.	11/4/2013		Member changed to a new MH. Unable to reach member.
11/4/2013	***	***	1	Member's mother states that her son stopped breathing in the hospital and was not admitted, She states the doctor refused to order any further testing with pain in his spine that member was experiencing. States that the doctor yelled and pulled at his hair in frustration and was very rude. Member's mother states that he was given morphine and her son went into convulsions and started "seeing stars", and his hands were trembling.	12/4/2013	1	CMO review of these records, there is not a quality of care concern. The patient was treated appropriately.
11/5/2013	***	***	5	Member's mom took child to the clinic on 10/4/13 for a 9:30am appointment. She states they were not let into the office until 9:45am as the door was locked. She stated she tried calling the office but not one answered the call. She says the office hours are 9:30am but the doctor is never on time. She said they had a 9:30am appointment but did not get out of the office until 1:00pm. She states she has to take the entire day off work, and kids are missing school for a doctor's appointment.	11/5/2013		Member changed to a new. Referred to PSR about wait times.

				Grievances Reporting Period:			
Griev	ances Reporting Period:						
(1) Date Grievance Received	(2) Medicaid ID of Member	(3) Individual & Relationship to Person Filing Grievance (Member, Authorized Rep. or Provider)	(4) Reason for Grievance (Use Number Code from Reason Summary)	(5) Grievance Reason Narrative	(6) Date Grievance Completed	(7) Number of Days to Resolve	(8) Details of resolution
11/5/2013	***	***	14	Member's mother states the MH doctor will not sign homebound papers, paperwork that is issued by the school board so that the child can catch up on homework and school while going through a series of surgeries and doctor appointments due to serious illness. The program was recommended by the school board due to the issue she is experiencing. The doctor issued an anxiety test and the child passed but the doctor is still saying that the child in question is making up her pain and that it is all in her head. The mother has paperwork from the gastroenterologist, in New Iberia, that states the problem with the intestines is real and recommends the papers to be signed.	11/6/2013	1	Member has changed to a new MH. CM spoke with member's mother and with the change of MH this resolves the issue.
11/5/2013	***	***	5	Member's mom took child to the clinic on 10/4/13 for a 9:30am appointment. She states they were not let into the office until 9:45am as the door was locked. She stated she tried calling the office but not one answered the call. She says the office hours are 9:30am but the doctor is never on time. She said they had a 9:30am appointment but did not get out of the office until 1:00pm. She states she has to take the entire day off work, and kids are missing school for a doctor's appointment.	11/5/2013	0	Member changed to a new. Referred to PSR about wait times.
11/5/2013	***	***	1	Member states she has cuts on her feet and said that the doctor ignored her feet wand would not treat her. She also stated she had poison oak and the doctor put her on a prescription that took months to clear up.	11/5/2013		Member changed to a new MH. Referred to CM to see if member received treatment for her feet. CM spoke with member and she has seen her new doctor. He told her to put petroleum jelly on her feet. States they are getting much better and the issue has been resolved.
11/5/2013	***	***	3	Member states he went to the MH with a back issue looking for a referral to a specialist. The nurse whose name he could not remember prevented him from seeing the doctor. He states the nurse seemed uninterested in his health problems and did not want to know his medical history.	11/5/2013		Member changed to new MH. Spoke with office member was given a referral to a specialist and was reminded to keep his mental health appointment. He was also seen by the doctor and his medical history was taken.

				Grievances Reporting Period:			
Griev	ances Reporting Period:						
(1) Date Grievance Received	(2) Medicaid ID of Member	(3) Individual & Relationship to Person Filing Grievance (Member, Authorized Rep. or Provider)	(4) Reason for Grievance (Use Number Code from Reason Summary)	(5) Grievance Reason Narrative	(6) Date Grievance Completed	(7) Number of Days to Resolve	(8) Details of resolution
11/5/2013	***	***	14	Member states that transportation refused to take her across the Parish and told he to get her own transportation. This is their policy. Member tried another provider and was told she couldn't be seen there and would be sent to LSU, where she refuses to go. Member was able to get an appointment at another medical home who agreed to see her.	11/13/2013		CM was able to assist member with getting into a new MH that would not refer out to LSU. The doctor agreed to follow member and deliver her baby. Care coordination is assisting member throughout the rest of her pregnancy. Member is very pleased with this outcome.
11/6/2013	***	***	5	Member states she had an appointment 11/16/13 @ 1:30pm with her MH and was called back into the office at 1:50pm where a nurse took her vitals and checked her blood sugar and then left the room. She stated she waited until 3pm and neither the nurse nor the doctor came back into the office to see her. She left without being seen because she had to pick up her children from school.	11/6/2013		Member changed to a new MH. Spoke with office manager and she explained they were busy that day and apologized for the delay. The office manager will discuss this with the provider. I also referred to the PSR to see if they could help with suggestions on what to do when the office is running behind.
11/6/2013	***	***	5	Responsible party states she is disappointed with the amount of time they have to wait during each visit to be seen by the doctor. Responsible party states child was supposed to get his shots in August but the provider hasn't followed up to schedule him to come in.	11/6/2013		Member changed to a new MH. Referred to PSR about wait times. Will track and trend.
11/7/2013	***	***	5	Member's mom state that the office doesn't have appointments available until January 2014.	11/7/2013		Member changed to a new MH. Spoke with office she stated they don't have any Kidmed appointments available until January 2014. The office stated if they need a sick visit they can get them in the same week.
11/7/2013	***	***	14	Member's mother states that the doctor's office will not write prescription refill for her daughter because they show she had a refill last month. She states she never received a prescription for October. She stated the provider wants her to fill out a police report in order to get a new prescription.	11/7/2013	1	Member changed to a new MH. Referred to CM to see if the mom was able to get the prescription refilled.
11/11/2013	***	***	3	Member states the provider's office staff is rude and places her on hold for outrageous amounts of time. She also stated that the one man isn't very helpful and gets an attitude whenever she asks to speak to the nurse.	11/18/2013		Member doesn't not want to change medical homes. She only wanted to file a complaint. Referred to CM to see if they can assist the member with the medical home. CM is working actively with the member and assisting her with her needs.

				Grievances Reporting Period:			
Griev	ances Reporting Period:						
(1) Date Grievance Received	Medicaid ID of Member	(3) Individual & Relationship to Person Filing Grievance (Member, Authorized Rep. or Provider)	(4) Reason for Grievance (Use Number Code from Reason Summary)	(5) Grievance Reason Narrative	(6) Date Grievance Completed	(7) Number of Days to Resolve	(8) Details of resolution
11/11/2013	***	***		Member's mother stated she took her daughter to see the doctor on 10/26/13 but was only seen by the nurse practitioner and it is always with a different provider. She also stated that it is very hard to make appointments with this practice and they never return her calls when she leaves messages. Furthermore, she has to contact one of the nurses directly just to make appointments.	11/11/2013	0	Member changed to a new MH. Referred to PSR to discuss returning messages and setting up appointments.
11/11/2013	***	***		Member's mother states she took her daughter to the doctor on 11/11/13 due to allergies and the attending provider prescribed a cream and asked her to come back in a few days if it didn't get better. She stated the skin didn't get better so she returned to the clinic and they prescribed another cream. She stated the new cream has not helped either and it's actually getting worse.	11/11/2013	0	Member changed to a new MH. Referred to CM to see if the member was able to get a medication that helped the issue.
11/12/2013	***	***		Responsible party stated she is not satisfied with the medical home because they always have a long wait for appointments	11/12/2013	0	Member wanted to change to a non participating provider. We tried to offer another provider but responsible party declined. They will stay with the existing MH. MPS assisted member with scheduling and appointment. Will track and trend.
11/12/2013	***	***		Responsible party states that the medical home has been treating her child for over a month with high fevers with multiple antibiotics but he's still very ill with fever running over 104 degrees.	11/12/2013	0	Member changed to a new MH. Referred to CM. CM spoke with mom and she stated the doctor did everything by swab and could not find an infection. The new doctor ordered labs and his white blood counts were elevated, ears infected and soar throat. She was gave him a different antibiotic and he is fine, she loves the new pediatrician. Issue resolved.

				Grievances Reporting Period:			
Griev	ances Reporting Period:						
(1) Date Grievance Received	(2) Medicaid ID of Member	(3) Individual & Relationship to Person Filing Grievance (Member, Authorized Rep. or Provider)	(4) Reason for Grievance (Use Number Code from Reason Summary)	(5) Grievance Reason Narrative	(6) Date Grievance Completed	(7) Number of Days to Resolve	(8) Details of resolution
11/12/2013	***	***	3	Member's mother states that the nurse practitioner doesn't take time to speak/explain anything to her as a parent. She stated the nurse practitioner leaves the room after performing exams and sends in another nurse to talk to the parent/patient and once stated that "people beneath me do that" when referred to a needed prior authorization for a medication prescribed. She also stated the nurse practitioner wanted to prescribe a different inhaler that she had been notified that her child is allergic to.	11/12/2013	0	Member changed to a new MH. Referred to PSR.
11/12/2013	***	***	5	Member's mother states she has been calling the medical home for the last two weeks and has been unable to get in touch with them.	11/12/2013	0	Member changed to a new MH. I called the office and they answered the phone after several rings. Referred to PSR.
11/12/2013	<b>***</b>	***		Member states that the person(s) at the appointment desk will either schedule her appointments on the day her doctor is not there or they will make appointments and then tell her that she has no appointment, even if she has an appointment card that shows she does. She stated she attempted to get a follow up appointment after a hospital visit for pneumonia and was told they couldn't see her for a week. She stated it is the staff at the desk that is the issue.	11/12/2013	0	Member changed to a new MH. Will track and trend.
11/12/2013	***	***		Member's mother states that the nurse did not wash her hands or wear any gloves when drawing blood from her daughter and when she asker her to, the nurse told her she had wiped her fingers with Alcohol.	12/5/2013		Member changed to a new MH. Call to OM to discuss the issue. Spoke to office manager. She said it is protocol for them to wear gloves when drawing blood. She will talk to the nurse about this incident. Jenny the director of nursing called me back with an update. She spoke to her nurse about this incident. The nurse stated that she washed her hands and used hand sanitizer in front of mom. She explained the reason she wasn't wearing a glove was being the child is a hard stick and needs to be able to feel the vein (she had to stick the child twice). Jenny said that the nurse had no cuts or open wounds. Referred to CM.

	Grievances Reporting Period:										
Griev	ances Reporting Period:										
(1) Date Grievance Received	(2) Medicaid ID of Member	(3) Individual & Relationship to Person Filing Grievance (Member, Authorized Rep. or Provider)	(4) Reason for Grievance (Use Number Code from Reason Summary)	(5) Grievance Reason Narrative	(6) Date Grievance Completed	(7) Number of Days to Resolve	(8) Details of resolution				
11/12/2013	***	***	4	Member states the medical home office is very dirty, not sanitized, and there's mold everywhere. She also stated the office hours are not accessible and the clinic is only able to make appointments one or two days a week and the doctor is unable to do lab work.	11/12/2013	0	Member changed to a new MH. Referred to PSR for immediate evaluation of the office.				
11/12/2013	***	***	14	Member's mother stated that the doctor would not give referrals and doesn't listen to concerns.	12/4/2013	22	Member will change to a new provider once they are in network. Track and trend for similar issues per CMO.				
11/13/2013	***	***	1	Member's mother states that she took her son to the medical home in April or May, and the doctor was very rude and refused to treat her son for pneumonia.	11/13/2013	0	Member changed to a new MH. Will track and trend.				
11/13/2013	***	***	4	Member states she went to the MH to schedule an appointment but she left because the office was dirty and the people going in and out of the office look scary. She states she doesn't wish to see this provider as she does not feel safe in that environment.	11/13/2013	0	Member was provided was sent a directory so she can choose and new MH. Referred to PSR to check into the office being dirty.				
11/13/2013	***	***	1	Member's mother states that, every time she takes her daughter to the medical home, the provider prescribes her the same medication even after being advised that the medication hasn't helped with her condition	11/13/2013		Member's mother states that, every time she takes her daughter to the medical home, the provider prescribes her the same medication even after being advised that the medication hasn't helped with her condition				
11/13/2013	***	***	1	Member states that she went to the MH on 9/24/13 but the provider would not give her stomach medication or hormone shots.	11/13/2013	0	Member changed to a new MH. CM unable to reach member.				
11/13/2013	***	***	1	Member's mother states she took her daughter to the medical home on 11/11/13 to see the doctor regarding a black pouch on skin. She stated the doctor prescribed a medicated cream to help with healing but is not noticing any difference and is unhappy with quality of care.	11/13/2013	0	Member changed to a new MH. CM spoke with member's mother. She stated that everything was fine and she apologized for making the complaint. She states she overreacted. She transferred to a new medical home. She is very happy and everything has been resolved to her satisfaction.				

	Grievances Reporting Period:											
Griev	ances Reporting Period:											
(1) Date Grievance Received	(2) Medicaid ID of Member	(3) Individual & Relationship to Person Filing Grievance (Member, Authorized Rep. or Provider)	(4) Reason for Grievance (Use Number Code from Reason Summary)	(5) Grievance Reason Narrative	(6) Date Grievance Completed	(7) Number of Days to Resolve	(8) Details of resolution					
11/13/2013	***	***	14	Member states she went to her doctor with symptoms which he ignored. She switched to a new MH and they put her in the hospital for pneumonia and pancreatitis. She is doing much better. She had an MRI and she cannot get the old MH to send her medical records to the new MH. She said he wants her to pick them up and charge \$25.	11/25/2013		Member has changed to a new MH that she is very happy with. Referred to PSR to see if they can assist with getting medical records sent. PSR was able to get medical sent to the new MH.					
11/14/2013	***	***	14	Member states that the doctor at the medical home was very rude and mean to her. She couldn't recall the date of the offense and wouldn't go into more detail about the encounter	11/14/2013		Member changed to a new MH. Spoke to the office manager and the member hasn't been seen since 11/15/12.					
11/14/2013	***	***	5	Member's mom states that on 10/30/13, 11/1/13, and 11/6/13 she set up transportation services and each time the company called on the morning of the appointment to say that they could not pick them up for the appointment. She stated she rescheduled for 11/14/13 with a different company and they called this morning stating they are not able to pick them up.	12/4/2013							
11/15/2013	***	***	1	Member's mother stated that her child has been sick for the last two months but the doctor at the MH hasn't been able to diagnose her and ultimately had to take her to the hospital for a diagnosis.	11/15/2013		Member changed to a new MH. Referred to CM to see if the child is doing better and if we can assist with anything.CM spoke with member's mom and the new doctor has give her antibiotics and other medication to make it better, she is very happy with new provider					
11/15/2013	***	***	14	Member states that the APRN was supposed to fax a referral to a pulmonary specialist but didn't. She also stated that the nurse told her they discharged her from the practice because of her attitude/	11/15/2013		Referred to CM to assist with referral and to see if member was able to get into the new MH. Member changed to a new MH.					
11/15/2013	***	***	1	Member's mother states she took her daughter to the medical home for a follow up on an ear infection and also hives/rash. She stated the doctor would not prescribe cream for the hives nor treat her cold related asthma.	11/15/2013		Referred to CM to see if member has been seen by another provider and to see if they received medication for the hives/rash. Member changed to a new MH.					

	Grievances Reporting Period:											
Griev	ances Reporting Period:											
(1) Date Grievance Received	(2) Medicaid ID of Member	(3) Individual & Relationship to Person Filing Grievance (Member, Authorized Rep. or Provider)	(4) Reason for Grievance (Use Number Code from Reason Summary)	(5) Grievance Reason Narrative	(6) Date Grievance Completed	(7) Number of Days to Resolve	(8) Details of resolution					
11/15/2013	***	***	14	Physician advised that the member is not taking medication as prescribed. Member takes medication when he feels like it and not according to the recommended amount of times by the physician.	11/21/2013		Physician has sat with the member on at least 3 occasions and is not taking medical advise. CM spoke with member's wife with his permission. She states he doesn't take the medication because it makes him sick and he doesn't think he has diabetes. CM educated wife on the importance of medication and diet compliance. CM spoke with the home health case manager. They have done extensive education to the member and he is still non compliant. They even fill his pill planner and still does not take his diabetic medications. They have also reported this to the doctor.					
11/18/2013	***	***	5	Member states he went to the MH with an open wound on backside and had an appointment at 10:30am but wasn't seen until 7pm. He states that another time he had an appointment for 3:15pm and wasn't seen until around 7:15pm.	11/18/2013		Member has changed to a new. CM explained the referral process and even he needed to be seen by the specialist or new MH prior to the MH transfer they would assist with the referral.					
11/18/2013	***	***	14	Member's mother states that on the 7/27/13 visit a nurse at the facility made her fell like if she had done something to child she felt his head and asked her if he was ok. On 8/28/13 visit with same nurse told her she was not feeding her child correctly.	11/18/2013	0	Member has changed to a new MH. Will track and trend for similar issues.					
11/18/2013		***	5	Member's mother states she is dissatisfied with service at the medical home. She took her children in on Friday for a sick visit but they could not be seen.	11/18/2013		Member's mother found another provider that was able to see the children the same day. Member changed to a new MH.					
11/18/2013	***	***	5	Member's mother states she is dissatisfied with service at the medical home. She took her children in on Friday for a sick visit but they could not be seen.	11/18/2013		Member's mother found another provider that was able to see the children the same day. Member changed to a new MH.					
11/18/2013	***	***	1	Member states that the doctor is not addressing her medical needs nor treating her pain. She also stated that the doctor cannot do certain procedures and does not have hospital privileges.	11/18/2013		Member changed to a new MH. Referred to CM to see if they can assist the member. Member agreed to work with CM. Member is satisfied with this as a resolution.					

				Grievances Reporting Period:										
Griev	rances Reporting Period:													
(1) Date Grievance Received	(2) Medicaid ID of Member	(3) Individual & Relationship to Person Filing Grievance (Member, Authorized Rep. or Provider)	(4) Reason for Grievance (Use Number Code from Reason Summary)	(5) Grievance Reason Narrative	(6) Date Grievance Completed	(7) Number of Days to Resolve	(8) Details of resolution							
11/18/2013	***	***	1	Member's mother states that her son has hearing problems but the doctor doesn't listen to her concerns and her son's hearing problems haven't gotten any better.	11/18/2013	0	Member changed to a new MH. Referred to CM to see if they can assist member. CM spoke with member's mother. She said they have a new patient appointment on 12/13/13. She will request a referral for her son's hearing issues at that time. She will call if the issues or concerns persist. She has not other needs.							
11/19/2013	***	***	1	Member's mother states that she is unable to schedule wellness visits with the medical home as they will only schedule sick visits. She also states she does not get reminders about wellness visits for her children or any mailed communication from the provider.	11/19/2013	0	Member changed to a new MH. Spoke with MH and they are scheduling wellness appointments.							
11/20/2013	***	***	5	Member's mother states that the office is very busy and that she waits too long in the waiting room.	11/20/2013	0	Member changed to a new MH. Referred to PSR about wait times.							
11/20/2013	***	***	14	Member stated that she last saw the medical home about a year and a half ago and she was not satisfied with his care and thinks he has too much going on in office and wasn't a good doctor.	11/20/2013	0	Member changed to a new MH. Will track and trend.							
11/20/2013	***	***	5	Member's mother states that the office hours at the medical home are horrible as they are only open until noon on most days and closed on Wednesdays. She is upset they are unable to do any blood work or shots at the office and that she is never able to see the doctors, only the nurse practitioners	12/2/2013	12	Member's mother will call back once she chooses a new medical home. Referred to PSR to check into the office hours and will submit a change form if they have changed.							
11/21/2013	***	***	5	Member states that he scheduled transportation on 11/15/13 for an appointment on 11/20/13. Member called Bergeron and spoke to staff who said he should be on the roster and should be picked up soon. Member called us to let us know that he had not been picked up for his appointment. The CA called First Transit to find out why and was told that Bergeron tried to call him on the 11/19/13 to let him know they would not be picking him up. They made another appointment for pickup on 11/22/13. CA advised member that she would verify on 11/21/13 member's pickup. CA called on 11/21/13 to verify appointment and was told my First Transit that Bergeron would not be running until after the holidays and there were no other pick up companies.	12/3/2013		CA assisted member with scheduling. I spoke with First Transit and she stated that Bergeron was not picking up the week of Thanksgiving and they are scheduling pickups. She didn't know why they cancelled on the member but stated because the transporters are private companies they can make the decision not to pick up someone.							

				Grievances Reporting Period:			
Griev	ances Reporting Period:						
(1) Date Grievance Received	(2) Medicaid ID of Member	(3) Individual & Relationship to Person Filing Grievance (Member, Authorized Rep. or Provider)	(4) Reason for Grievance (Use Number Code from Reason Summary)	(5) Grievance Reason Narrative	(6) Date Grievance Completed	(7) Number of Days to Resolve	(8) Details of resolution
11/21/2013	***	***	3	Member states she was seen by the doctor at her medical home. She states she was told "she had too many problems" for one visit. She also complained that the physician di not do a physical exam. All her issues were not addressed and was told to come back in 3 months.	11/21/2013		Member set up an appointment with another medical home. Member changed to a new medical home.
11/22/2013	***	***	5	Member's mother states that she is not happy with the medical home because her son has been sick for over a week and she has called to try to get him seen but they have no appointments available	11/22/2013		Member has an appointment on 12/6/13 with the medical home. She wants to keep this appointment but will change to a new MH effective 1/1/14. Referred to PSR to make sure sick visits are being scheduled in a timely manner. PSR spoke to the office and they schedule sick visits as quickly as possible.
11/22/2013	***	***	5	Member's mother states she is not happy with the medical home. She states that her daughter has been sick for over a week and she has called to try to get an appointment but they don't have any appointments available.	11/22/2013	1	Member will choose a new provider and call back. Referred to PSR.
11/22/2013	***	***	5	Member states that they doctor is rarely available and they always cancel her appointments.	11/22/2013	0	Member has changed to a new MH. Will track and trend for similar issues.
11/25/2013	***	***	1	Member's mother stated that she needed a referral for her daughter to see a specialist but the doctor at the medical home won't give them one. She also stated that they had an appointment today and her daughter was having problems with the formula she was on but doctor wouldn't listen to her concerns regarding her daughter's care.	11/25/2013		Member changed to a new MH. Referred to CM to see if they can assist with a referral. CM spoke with member's mother. She states that the ENT they saw diagnosed member with severe GERD. The ENT changed member's formula and this has resolved her noisy breathing. Member's mother will call new MHP an make an appointment and feels this will resolve her concerns. She will call if any issues arise.
11/25/2013	***	***	5	Member's mom states she took her son in for his shots but was told they were too busy and was referred to another provider she did not know.	11/25/2013	1	Member has changed to a new MH. Will track and trend for similar issues.

				Grievances Reporting Period:			
Griev	ances Reporting Period:						
(1) Date Grievance Received	(2) Medicaid ID of Member	(3) Individual & Relationship to Person Filing Grievance (Member, Authorized Rep. or Provider)	(4) Reason for Grievance (Use Number Code from Reason	(5) Grievance Reason Narrative	(6) Date Grievance Completed	(7) Number of Days to Resolve	(8) Details of resolution
11/25/2013	***	***	Summary) 14	Member states that she went to the doctor on 9/25/13 to get the results of ECG done on 9/9/13. She stated that her temperature was 100.5 degrees but the doctor told her they considered fevers to start at 102 degrees. She also stated that the doctor kept asking her what tests he ran previously as if he didn't remember. She stated she had to wait 2 hours to see him and feels like he doesn't listen or take her concerns seriously. She stated she takes prescribed medication for back injury and the doctor makes her feel like she is an addict.	11/25/2013		Member has changed to a new MH. Will track and trend for similar issues.
11/25/2013	***	***	2	CM states they are unable to reach a live person to speak to in the office, nor leave a message. Phoned many times, always into voice mail, voice mail box is full. Went through the loop about six times and multiple tries to give them time for the phones to clear. I don't know how member's can contact this office for appointments or help.	11/25/2013	l	Referred to PSR to check into why we can't get thru to a person.
11/26/2013	***	***	5	Member states she called her medical home on 11/19/13 and left voicemails to schedule appointments for herself and her children but no one called her back. She stated she drove to the clinic and, after driving around for 15 minutes for a parking spot, found the office packed with people.	11/26/2013		Member and her children have changed to a new MH. Referred to PSR to check into why call wasn't returned.
11/27/2013	***	***	5	Member states she has been awaiting blood pressure medication override from the physician. States her pregnancy is high risk with blood pressure and bleeding. States that she advised the nurse at the office Monday that she needs the override. Stated that the pharmacy staff showed her their call transcript to prove that the office nurse has not attempted to call them with the override code. Also advised that she has a hard time getting through to the office by phone due to provider's answering service. She also states that she is considering finding another OB because her current provider is hard to get in contact with.	11/27/2013		CM spoke with the pharmacy and they had received the needed information form the provider. They informed CM that they prescription would be ready in 10 minutes. Member notified prescription would be ready in 10 minutes and to let us know if she had anymore issues.

				Grievances Reporting Period:			
Grieva	ances Reporting Period:						
(1) Date Grievance Received	(2) Medicaid ID of Member	(3) Individual & Relationship to Person Filing Grievance (Member, Authorized Rep. or Provider)	(4) Reason for Grievance (Use Number Code from Reason Summary)	(5) Grievance Reason Narrative	(6) Date Grievance Completed	(7) Number of Days to Resolve	(8) Details of resolution
11/27/2013	***	***	3	CM received a member request for assistance with obtaining her Rewards for well visits, screenings, and education completed. CM called member's services on member's behalf and merged member onto call after reaching a representative. During the call, CM noticed representative was very sharp and impatient with member, speaking at the same time as member, cutting her off and stating she was not a doctor after member inquired about what type of cardiac screenings were accepted. Following call when CM called member back she was very upset and stated she wanted to file a complaint. CM did not get representatives name.	12/4/2013		Referred to MPS to have them listed to the call and address the issue. The MPS supervisor listened to the call and talked with the representative about the call.
12/2/2013	***	***	1	Member's mother states she took her daughter into the medical home in the first week of January 2012 and was told she was constipated.  Member's mother stated she ended up taking her to the hospital later and was told it was her kidneys.	12/2/2013		Member changed to a new MH. Will track and trend for similar issues.
12/2/2013	***	***	14	Member's mother states the doctor started her daughter on Adderall medication for ADD but now he refuses to rewrite/refill the prescription. She also stated that doctor has been rude to her and her daughter.	12/11/2013		Member changed to a new MH. Spoke with office managers. She stated that the doctor wrote the original ADD prescription back in 2009 and member has not been compliant in seeing a specialist that they have referred out to. Member had not been seen in the office for over 1 year 1/2. Member was given a 1 month only prescription for Adderall but was told it could not be refilled until they were compliant with being seen by a neurologist or a psychiatrist to get properly diagnosed for ADD.
12/2/2013	***	***	5	Member states they had to hold 15 minutes for a transportation representative.	12/2/2013		MPS continued to hold until the representative came on the line and the call was transferred.

	Grievances Reporting Period:										
Griev	ances Reporting Period:										
(1) Date Grievance Received	(2) Medicaid ID of Member	(3) Individual & Relationship to Person Filing Grievance (Member, Authorized Rep. or Provider)	(4) Reason for Grievance (Use Number Code from Reason Summary)	(5) Grievance Reason Narrative	(6) Date Grievance Completed	(7) Number of Days to Resolve	(8) Details of resolution				
12/3/2013	***	***	1	Member states that after she called the nurse line she went to a different hospital than she normally goes to. Her blood pressure in the ER was 170/116, they wouldn't send her home until BP came all they way down. They told her to come back I BP goes up again. She was told by the ER to call her OB first thing in the morning. She called and the nurse told her "we just saw you yesterday" and they said they didn't need to see her again now. Member called ER doctor and advised them what OB office said and they told her they could take over her care right away. She states she will now go to the OB clinic at the hospital. She states she was told at her OB appointment yesterday that she had signs and symptoms of preeclampsia except for proteinuria so sent her home. States she was very pleased and getting great care the first few months. She states once she changed to Medicaid only, has noticed a complete difference in care. She states the last month and half he has "changed what he says and his attitude". States this was around the time she no longer had private insurance, just Medicaid now. States they tend to treat different when just on Medicaid. Member states she has had numerous issues with the office manager. "They were real ugly to me many times, non-caring attitude.	12/11/2013	8	Member has switched to a new OB. She feels she is getting great care now. CM educated and discussed the symptoms of preeclampsia and what he member should do if this happens. CM will continue to work with member for the remainder of her pregnancy.				
12/3/2013	***	***	14	Member states she is not getting the antibiotics she needs.	12/3/2013	0	Referred to CM. Member changed to a new MH.				
12/3/2013		***	14	Member states that the provider at the medical home refused to treat him for his dislocated hip. He states that this issue has been ongoing and couldn't remember the providers name.	12/3/2013	0	Referred to CM to see if they can help. Member changed to a new MH. CM spoke with member and he has been seen by a new doctor and they are referring him to an Orthopedic. He is satisfied with his care.				
12/3/2013	***	***		Member's mother stated that her daughter was having a severe allergic reaction/rash. So she took her to the doctor and although he couldn't figure out what was causing the reaction he prescribed a lotion that caused her to get blisters all over her body. She stated that she took her to the ER where she was treated with steroids and shots and was completely healed the next day. She states the doctor previously misdiagnosed her daughter with chicken pox.	12/12/2013		Member has changed to a new MH. Review by CMO to close and track and trend.				

				Grievances Reporting Period:			
Griev	ances Reporting Period:						
(1) Date Grievance Received	(2) Medicaid ID of Member	(3) Individual & Relationship to Person Filing Grievance (Member, Authorized Rep. or Provider)	(4) Reason for Grievance (Use Number Code from Reason Summary)	(5) Grievance Reason Narrative	(6) Date Grievance Completed	(7) Number of Days to Resolve	(8) Details of resolution
12/3/2013	***	***	5 5	Member stated she had a scheduled appointment for 10am on 12/3/13 with her medical home. She states when she arrived at 9am she was advised that her appointment had been switched to 12:15pm and she was not notified. She stated she always has to wait about 3 to 4 hours every time she goes to see the doctor.	12/3/2013	0	Member has changed to a new MH. MPS assisted member in scheduling an appointment for 12/5/13 with the new medical home.
12/3/2013	***	***	1	Member's mother stated that she took her daughter to the medical home on 12/1/13 because she was complaining about back pain and running a very high fever. When she submitted a urine screen, the nurse told her that her urine was filled with protein and that she was severely dehydrated. However, when the doctor just told her that her daughter barely had a urinary tract infection and that she was going to give her a shot and send her home. Mom stated that, while the doctor was out of the examination room her daughter's fever began to spike so she chose to go to the ER. She stated that she returned to the medical home the next day for a follow up, she was told the doctor would no longer treat her daughter or any of her siblings. This included a denial for a written prescription of Adderall for her other children.	12/3/2013	0	Member has changed to a new MH since the old medical home will no longer see member or siblings. Spoke with the office manager. The member refused the treatment of the antibiotic that the doctor prescribed and left the medical home against their advise. The medical home has dismissed this member and siblings due to being non compliant.
12/4/2013	***	***	3	Members mom states that the employees with her MH were very unfriendly and the wait was too long. She also stated that her daughter has asthma and there were people smoking by the entrance to the clinic.	12/4/2013	0	Member changed to a new MH. Referred to PSR. Will track and trend.
12/4/2013		***	2	Member states that she has been trying to contact the medical home via phone to make an appointment but hasn't been able to get through.	12/4/2013	0	Referred to PSR about not being able to get in contact with the office via phone. I tried myself 2 different times and get a fast busy. Member has changed to a new MH.
12/4/2013	***	***	11	Member stated that she received a call from the pharmacy yesterday letting her know that she was all out of her medication refills and needed a new prescription form the doctor. She stated that she called the medical home on 12/3/13 to request for them to send a new prescription to the pharmacy but they have yet to receive it. She also stated that she had an appointment on 10/14/13 but she was only able to see the nurse practitioner.	12/4/2013	0	Referred to CM to see if member was able to get her prescription. MPS changed member to a new medical home and assisted member in scheduling an appointment for 12/5/13.CM spoke with member and she got everything straightened out with her medications. She stated she did not need further assistance at this time.

	Grievances Reporting Period:										
Griev	ances Reporting Period:										
(1) Date Grievance Received	(2) Medicaid ID of Member	(3) Individual & Relationship to Person Filing Grievance (Member, Authorized Rep. or Provider)	(4) Reason for Grievance (Use Number Code from Reason Summary)	(5) Grievance Reason Narrative	(6) Date Grievance Completed	(7) Number of Days to Resolve	(8) Details of resolution				
12/4/2013	***	***	1	Member's mother stated she took her son to the medical home on 10/22/13 for a sick visit. She stated the doctor told her to watch him and let her go without giving any information on what to do with a sick child.	12/4/2013	0	Member changed to a new MH. Will track and trend for similar issues.				
12/4/2013	***	***	5	Member states she is not able to make an appointment with the medical home.	12/4/2013	0	Member has changed to a new MH. Spoke to the office and they are scheduling appointments. Member was last seen in July and was a no show twice in August.				
12/5/2013	***	***	1	Member's father states that he took his son to the medical home to be seen for a cold and the NP told him that he should be ok to return to school on 12/5 but he's still not well.	12/5/2013	0	Member has changed to a new MH. Referred to CM. CM was unable to reach and sent a letter.				
12/5/2013	***	***	5	Member states she has been seen at the medical home only once this year because they are always booked and rarely have appointments available.	12/5/2013	0	Member has changed to a new MH. Referred to PSR about appointments. Will track and trend.				
12/5/2013	***	***	14	Member's mother states she could not understand the doctor due to the language barrier	12/5/2013	0	Member changed to a new MH because they could not understand the doctor due to the language barrier.				
12/5/2013	***	***	11	Member states that her doctor couldn't get the results from her blood work done last visit. She also stated that she requested a referral to a neurologist and lung specialist three months ago but the doctor has yet to provide the referrals.	12/31/2013	26	Referred to CM to assist with the referrals. Member does not want to change medical homes. She will see a different provider in the office. Spoke with office and they are looking into this. The notes show that the member discussed a neurologist and lung specialist but there was no mention of giving a referral. The only referral that had been provided was for pain management. The member has moved to a new parish and has been assigned a new MH. The issue has been resolved.				
12/6/2013	***	***	1	Member's mother states she took her son to the medical home at the end of October to be seen for cold-like symptoms, the doctor told her he didn't have a cold and sent her home. She states she took him back in the middle of November and again was told that it was nothing and sent her home. She stated that her son was experiencing congestion, eye discharge, coughing and other flu like symptoms.	12/6/2013	0	Referred to care management to check to see if the child is feeling better. Member changed to a new MH. When the doctor is booked they are referred to urgent care which is a free standing clinic and they send the information back to the doctor. Member contacted an she agrees to go to urgent care.				

				Grievances Reporting Period:			
Griev	ances Reporting Period:						
(1) Date Grievance Received	(2) Medicaid ID of Member	(3) Individual & Relationship to Person Filing Grievance (Member, Authorized Rep. or Provider)	(4) Reason for Grievance (Use Number Code from Reason Summary)	(5) Grievance Reason Narrative	(6) Date Grievance Completed	(7) Number of Days to Resolve	(8) Details of resolution
12/9/2013	***	***	14	Member stated that he has never been seen by a doctor at his medical and they send him all over town to have things done. He stated that he wants to see an actual medical doctor and not a nurse practitioner. He also stated that he made appointments in the past to see a certain provider at the medical home but when he gets there the provider is on vacation and no one calls him to reschedule.	12/9/2013		Referred to PSR. Member offered a medical home transfer. Member wants to change to an out of network provider. MPS advised him that he can make this change at open enrollment
12/9/2013	***	***	5	Member's mother states the medical home rarely ever has any appointments available.	12/9/2013		Member has changed to a new MH. Unable to reach member's mother. Will track and trend for similar issues. Spoke with office if someone calls in for a sick visit they will try to work them in that day. Sometimes the available appointment times don't work for the member. Wellness visits they are scheduling for about a week out.
12/9/2013	***	***	3	Member states she went to the medical home and the provider was very rude to her and also told her mother that she needed to be committed or sent away to a nursing home.	12/9/2013		Member has changed to a new MH. Spoke with office manager she stated that the complaint was passed on to the medical director. They talked to the doctor and he has been counseled and they will monitor him for similar issues. The doctor stated he was not by any means trying to be rude to the patient and will work on his patient skills.
12/9/2013	***	***	1	Member states that the doctor at her medical home took her off her insulin shots and put her on the pills. She stated that the new drugs are not working and as a result her sugar has gone way up.	12/9/2013	0	Referred to CM. Member has transferred to a new MH.
12/10/2013	***	***	1	Member's mother stated that she was told by the nurse practitioner at the medical home that she was unqualified to treat her son for his Asperger's disease, asthma, and behavioral health issues and that she couldn't provide referrals to specialists due to being unfamiliar with conditions. She also stated they were unable to get an appointment with any of the other providers at the medical home.	12/10/2013	0	Referred to CM. Member changed to a MH.

				<b>Grievances Reporting Period:</b>			
Griev	ances Reporting Period:						
(1) Date Grievance Received	(2) Medicaid ID of Member	(3) Individual & Relationship to Person Filing Grievance (Member, Authorized Rep. or Provider)	(4) Reason for Grievance (Use Number Code from Reason Summary)	(5) Grievance Reason Narrative	(6) Date Grievance Completed	(7) Number of Days to Resolve	(8) Details of resolution
12/10/2013	***	***	1	Member stated she is having pain in her neck after surgery but the doctor isn't paying attention to her medical needs and won't order another MRI.	12/10/2013	0	Member was advised that she can see any specialist that accepts Medicaid with a referral from her medical home. Member was sent a provider directory and advised to call back once she is ready to change MH. Will track and trend.
12/10/2013	***	***	5	Member's mother stated that the medical home is never open when her son needs to be seen. She stated that her son is sick but the medical home can't get him in until Thursday 12/12/13 and recommended she take him o an after hours clinic		0	Member changed to a new MH. Spoke with office and verified the office hours. They are closed on Wednesday. She stated that on 12/9/13 the office was very busy. She said they do try to get members in on the same day for a sick visit but the times they may have available may not work for the member. Will track and trend for similar issues.
12/11/2013	***	***	14	Member's mother states that her son never gets to see the medical doctor, only the nurse practitioner at the medical home.	12/11/2013	0	Member changed to a new MH. Will track and trend for similar issues.
12/11/2013	***	***	1	Member's mother states she took the children to the medical home for "bad bowels" but the doctor wouldn't give them any medication and he was very rude toward her.	12/11/2013		Spoke with office the last visit they show was on 12/2/13 for a well child visit. Spoke with mom and she stated the children were seen by another doctor and everything is resolved. Member changed to a new MH.
12/11/2013	***	***	1	Member's mother states she took the children to the medical home for "bad bowels" but the doctor wouldn't give them any medication and he was very rude toward her.	12/11/2013	0	Spoke with office the last visit they show was on 12/2/13 for a well child visit. Spoke with mom and she stated the children were seen by another doctor and everything is resolved. Member changed to a new MH.
12/12/2013	***	***	6	Member called upset about a bill received from the old PCP office. He also wanted to inform us of the difficulties in getting the medical records transferred to the new PCP.	12/12/2013	0	Member changed to a new MH. CM spoke with the office and said the release was filled out and records were sent. Left message to talk to office about the bill received.
12/12/2013	***	***	14	Member's mom states the doctor continues to prescribe the same medication for their asthma but their symptoms don't seem to improve. She also stated that the office staff is unfriendly.	12/12/2013	1	Referred to CM to check about the asthma medication.  Member changed to a new MH.

	Grievances Reporting Period:											
Griev	ances Reporting Period:											
(1) Date Grievance Received	(2) Medicaid ID of Member	(3) Individual & Relationship to Person Filing Grievance (Member, Authorized Rep. or Provider)	(4) Reason for Grievance (Use Number Code from Reason Summary)	(5) Grievance Reason Narrative	(6) Date Grievance Completed	(7) Number of Days to Resolve	(8) Details of resolution					
12/12/2013	***	***	14	Member's mom states the doctor continues to prescribe the same medication for their asthma but their symptoms don't seem to improve. She also stated that the office staff is unfriendly.	12/12/2013	0	Referred to CM to check about the asthma medication.  Member changed to a new MH.					
12/12/2013	***	***	5	Member stated that we auto assigned him to a provider he can never get in because they are always packed. He stated one day last week he went to the medical home office to be seen for an issue he is having and got there at 3pm and sat there till 5pm and they closed and turned him away.	12/12/2013		Referred to PSR about scheduling appointments and the wait times in the office. Member changed to a new MH>					
12/13/2013	***	***	3	Member states that the doctor always has an attitude and takes things too personal. She also stated the office staff was very rude.	12/13/2013	0	Member changed to a new MH. Will track and trend for similar issues.					
12/13/2013	***	***	3	Member stated that she needs medication for sleeping but the doctor at the medical home told her she would just refer her to a neurosurgeon or counselor but the receptionist (doesn't remember her name)said she wasn't going to waste her time finding a neurosurgeon and was very rude to her.	12/13/2013	0	Referred to PSR to discuss the receptionist being rude.  Member is going to stay with the medical home but will start going to another location.					
12/13/2013	***	***	1	Member is pregnant and was referred to see a cardiologist by her OB. Member attended an appointment on 12/9/13 and gave CA and maternity nurse permission to follow up after the visit. CA called member. Member cited that she was unhappy with that provider and he made her feel like she was nothing. She said that the provider listened to her heart and told her that she needed to lose weight. Member said she has already changed her eating habits and is having problems losing the weight. Please remember member is pregnant.	12/20/2013	7	Member discussed the issue with her OB. The OB had her schedule an appointment with her PCP and that the OB doctor will talk directly with the PCP to let him know the situation with her heart. They will have the PCP examine her and refer to a different specialist as needed. Member is pleased with this outcome. RN advised her we are here to assist and help ensure her needs are met if any concerns in future.					
12/13/2013		***	4	Member stated she went to the medical home on 10/23/13 and noticed mold on the ceiling throughout the facility.	12/13/2013	0	Referred to PSR to investigate. Member changed to a new MH.					
12/17/2013	***	***	5	Member's mother states that the doctor agreed to provide referral to a specialist over 1 1/2 months ago but specialist has yet to receive it. She stated the specialist has faxed several requests and she has personally gone to the medical home office. She stated the that the specialist office will not call the medical home office because the staff have been rude to them.	12/17/2013	0	Member's mother was transferred to CM. Care management faxed a referral to the specialist office for the member to be seen. Member's mother will call back to change medical homes.					

				Grievances Reporting Period:			
Griev	ances Reporting Period:						
(1) Date Grievance Received	(2) Medicaid ID of Member	(3) Individual & Relationship to Person Filing Grievance (Member, Authorized Rep. or Provider)	(4) Reason for Grievance (Use Number Code from Reason Summary)	(5) Grievance Reason Narrative	(6) Date Grievance Completed	(7) Number of Days to Resolve	(8) Details of resolution
12/17/2013	***	***	1	Member's mother states that she took her daughter to see the doctor on 10/21/13 for a sick visit but did not examine her. She stated the doctor barely glance at her and wrote a prescription.	12/17/2013	0	Member has changed to a new medical home.  Member has been seen several times by the new MH.  Will track and trend for similar issues.
12/17/2013	***	***	1	Member's mother states that she took her daughter to the medical home on 8/23/13 for a sick visit and the NP administered various tests to see why her daughter was sick but could not find anything to explain her cold or symptoms. She stated that the NP informed her that there were many patients coming in that were sick and provided her with a prescription for antibiotics. She stated that she feels that if the provider didn't know exactly what was wrong with her she should not give out medication.	12/17/2013	0	Member said on the next visit on 9/17/13 she advised the doctor of her decision not to give the medication and the doctor told he that was ok. Member has changed to a new MH. Will track and trend for similar issues.
12/17/2013	***	***	14	Member's mother states that she has called the medical home on four separate occasions and they have never returned her calls regarding her child's heart condition.	12/17/2013	0	Referred to care management. Member changed to a new MH.
12/17/2013	***	***	5	Member stated that she doesn't feel that she is getting the adequate care from her medical home. She stated she needs to have tests done to check spots in her lungs but the provider (member didn't provide name) does not order them. She also stated that she has been calling the medical home for the last two weeks to schedule a potassium test but no one has called her back.	12/20/2013	3	Member was transferred to CM for coordination of care. Member was also offered the change of medical home. Member was seen and got a shot for pain management and blood tests. She declined any further assistance from CM/DM.
12/18/2013	***	***	14	Member's mother stated that she took her son to see the doctor for a possible urinary tract infection. She stated her son had never been see by the doctor before. She stated the doctor advised her to undress her son down to his underwear. She stated that she complied and then the doctor came into the office and immediately began touching his groin. She states she was startled by this as she did not have a chance to warn her son and the exam was done without briefing as to what might take place. She stated her son was confused as to why a doctor was touching him this way. She stated that she left the office feeling very uncomfortable.	12/18/2013	0	Member changed to a new MH. Review by CMO. Track and trend.

	Grievances Reporting Period:								
Griev	ances Reporting Period:								
(1) Date Grievance Received	(2) Medicaid ID of Member	(3) Individual & Relationship to Person Filing Grievance (Member, Authorized Rep. or Provider)	(4) Reason for Grievance (Use Number Code from Reason Summary)	(5) Grievance Reason Narrative Cor		(7) Number of Days to Resolve	(8) Details of resolution		
12/18/2013	***	***	1	Member stated that her hair has been falling out, she has been throwing up for about 7 months so she went to see the doctor today but he didn't even take her vitals. She stated that the doctor advised her to come back in 3 months if symptoms persist.	12/18/2013	0	Member has changed to a new MH. Referred to CM to see if there is anything they can assist with.		
12/19/2013	***	***	14	Member's mother stated that the doctor doesn't update her on her child's wellness visits, shots, etc.	12/19/2013		Member changed to a new MH. Will track and trend for similar issues.		
12/19/2013	***	***	1	Member stated that she went to see the doctor on 12/5/13 due to 12 open sores. She stated that the doctor only visually examined 1 of the 12 sores and did not listen to her lungs even though her main complaint was difficulty breathing and coughing. She stated that she went to see the doctor again on 12/16/13 and that he told her "I believe that you will live to age 50 but, then again, I doubt you'll make it that long." I can guarantee that you have lung disease She stated that he doctor has never done any tests to support a diagnosis of lung disease. She also stated that she requested a change in her prescription but the doctor laughed and closed the door in her face.	12/19/2013		Member has changed to a new MH. The office manager has passed the information onto the doctor and we are waiting for a response.		
12/19/2013	***	***	1	Member stated that she does not feel the medical care she is receiving from her doctor is adequate. She stated that on 10/6/13 she was seen at the ER for back pain and inability to move her arm. She stated that she was referred a specialist but the medical home took about 2 weeks to fax the referral.	12/19/2013	0	Member has changed to a new MH. Will track and trend for similar issues.		
12/19/2013	***	***	1	Member see's the NP and does not feel the NP is capable of Managing her care properly. Member has been out of Insulin X 1 Week and cannot get the MHP to respond to the need for a PA for filling. Member has plan to change MHP because the office "just move cattle". CM is working with the Member to get insulin filled and assisting with new MHP.	12/19/2013	0	CM is working with member to try to get the PA for the insulin prescription.		

	Grievances Reporting Period:								
Grieva	ances Reporting Period:								
(1) Date Grievance Received	(2) Medicaid ID of Member	(3) Individual & Relationship to Person Filing Grievance (Member, Authorized Rep. or Provider)	(4) Reason for Grievance (Use Number Code from Reason Summary)	(5) Grievance Reason Narrative	(6) Date Grievance Completed	(7) Number of Days to Resolve	(8) Details of resolution		
12/19/2013	***	***	1	Member's mother stated that she took her daughter to the medical home on 12/16/13 due to broken arm and had to wait 4 hours to be seen. She stated that he doctor took an X-Ray but didn't do much else at all. She stated that the doctor told her that, if she wanted a sling, she would have to go to the pharmacy. She stated that she had to take her daughter to the ER later on the same day to be treated and they referred her out to a specialist. She stated that they always have to wait at least 2 hours to be seen at the medical home.	12/19/2013	0	Member has changed to a new MH. Spoke with office manager. She states the doctor did provide a referral to an orthopedic. The referral was issued on 12/17/13 and the appointment was set for the 12/19/13. When mom went to the orthopedic they would not see her because she did not have the Medicaid card. Referred to CM to see if member was able to reschedule.		
12/20/2013	***	***		Member's mother stated that she took her daughter to the doctor 12/4/13 about a rash. She stated that the doctor told her to apply cream to the rash but did not say what kind of cream or how else to treat since it had worsened over time and spread. She also stated that the doctor did not give her a referral to a dermatologist.	12/20/2013	0	Member changed to a new MH. Will track and trend for similar issues.		
12/20/2013	***	***		Member stated that she has been trying to get transportation from Kaplan to New Iberia for outpatient rehab. She stated that she had an appointment scheduled on 12/12/13 at 10:00am and Transportation Services called her on 12/12/13 at 10:00am to tell her that they were not coming because nobody was available and it was too far. She stated that she called Transportation Services back on 12/13/13 and scheduled another transport for 12/16/13 and they called her back on the same day (12/13/13) to say that they could not find anyone to take her and they would not be able to because no company goes from Kaplan to New Iberia.	12/20/2013	0	MPS called and spoke to First Transit. First Transit stated that the facility the member was going to does no accept Medicaid so she they could not take her. MPS spoke with a director at the rehab facility and they stated they do accept Medicaid. MPS called First Transit back to schedule an appointment. They were told they could not schedule because they had no one to take he member because it was too far. First Transit was able to find a company that could take the member on Monday, Wednesday or Friday. The member was schedule for pick up on 12/27/13 for a noon pickup. Will track and trend.		
12/20/2013	***	***		Member's mother stated that she took her son to the medical home on 9/24/13 for a visit at 7am. She stated that he was not seen until pm. She stated that she asked the doctor for a flu shot and was told no because of his asthma. She stated she feels the medical home takes too long to see patients and is unhappy with the quality of care.	1/7/2014	18	Member was sent a directory to pick a new MH. Call placed to MH. Spoke with medical home and the member checked in at 9:46am and checked out at 11:18am. There were no notes in the medical record about the flu shot.		

				Grievances Reporting Period:			
Griev	ances Reporting Period:						
(1) Date Grievance Received	(2) Medicaid ID of Member	(3) Individual & Relationship to Person Filing Grievance (Member, Authorized Rep. or Provider)	(4) Reason for Grievance (Use Number Code from Reason Summary)	(5) Grievance Reason Narrative	(6) Date Grievance Completed	(7) Number of Days to Resolve	(8) Details of resolution
12/20/2013	***	***	5	Member's mother stated that she took her son to the medical home for his 18 month kidmed visit on 12/19/13. She stated that this was their first time to this medical home office as they has always gone to the main office and seen the doctor with no issues whatsoever. She stated that she isn't comfortable that there are no MDs or NPs at the kidmed office, only RNs. She also stated the she was upset because the things done at the kidmed office were the same things that her son had done at the main office 2 weeks prior and they didn't have to wait so long to be seen. She stated that while she waited about 40 minutes in the consultation room and her son was getting upset and crying, she could hear the nurses talking about the Christmas parties they were going to. She stated she also wanted to make sure that they were not billing for an MD when only a RN was seen.	12/24/2013	4	Review of claims show it was billed correctly. Member does not wish to change to a new MH. Will track and trend for similar issues.
12/23/2013	***	***		Member's mother stated that she took her daughter to see the doctor on 11/27/13 about a cold and cough. She stated that she was given a prescription and sent on her way. She stated that, after 2 weeks on the medication, her daughter was not getting any better and took her back to the doctor who told her that there still was wheezing and to keep her on the medication. She stated that she took her back again to the doctor on 12/20/13 because she was running a fever and the cough was much worse and had difficulty breathing. She stated that once again he doctor didn't do much to control her symptoms.		0	Referred to CM. Member changed to a new MH.

	Grievances Reporting Period:								
Griev	rances Reporting Period:								
(1) Date Grievance Received	(2) Medicaid ID of Member	(3) Individual & Relationship to Person Filing Grievance (Member, Authorized Rep. or Provider)	(4) Reason for Grievance (Use Number Code from Reason Summary)	(5) Grievance Reason Narrative	(6) Date Grievance Completed	(7) Number of Days to Resolve	(8) Details of resolution		
12/23/2013		***	5	Member has been trying since 12/17/13 to acquire her insulin. She has been working with the pharmacy to get the PA needed for her Levemire pen. 12/20/13 sent Member to ER or Urgent care to get assistance with an RX for Insulin she would be able to get covered with Medicaid. Member did not follow through with this. She has not been able to get her insulin and she was out until she acquired some from a friend. I have made numerous phone calls to get assistance for the Member. The Member reports that the Nurse called her today and told the Member to stop calling the insurance nurse, if she had problems with the office to call the office. (the member has called the office, but she never gets a return call).	12/26/2013	3	Member was offered the chance to change to a new MH. Referred to PSR for assistance with PA. PSR spoke with the office manager and she was working on the PA immediately. She was asked to call the member to let her know when the prescription was ready. CM is scheduled to talk with the member on 12/31/13 for an update.		
12/27/2013	***	***	5	Member's mother stated that she took her child to see the doctor 12/20/13 but there was a long wait and Dr. Chatters only saw Gabrielle for 2 minutes.	12/27/2013	0	Member has changed to a new MH. Spoke with office and the member was a walk-in for a sick visit. The office will see sick visits between the hour or 11am to Noon. The members are told in advance that if they are a walk-in that the wait time is longer.		
12/30/2013	***	***	1	Member's mother stated she is not satisfied with the care that her daughter is receiving at the medical home because she feels visits are not detailed visits and her daughter never gets to see a doctor, just a nurse practitioner.	12/30/2013	0	Member's mother stated she would like to have primary care changed to a doctor that is more hands on with her daughters concerns. Member moved to a new MH. Will track and trend.		
12/30/2013	***	***	5	*** stated that she called Pontchartrain Pediatrics the week of Thanksgiving to make an appointment for ***. *** stated *** had a fever, cough, & green mucus. *** stated that when she called the office they informed her that they are only seeing emergency patients. *** stated that the office also informed her that they wanted to close early. *** had to take *** to the ER. *** stated the ER told her that *** has an ear infection & an upper respiratory infection. *** stated that when she does bring *** in for a flu shot, office does not have the shot available. *** stated that that is very inconvenient for her.	12/30/2013	0	Referred to PSR. Member changed to a new MH.		

	Grievances Reporting Period:								
Griev	ances Reporting Period:								
(1) Date Grievance Received	(2) Medicaid ID of Member	(3) Individual & Relationship to Person Filing Grievance (Member, Authorized Rep. or Provider)	(4) Reason for Grievance (Use Number Code from Reason Summary)	(5) Grievance Reason Narrative	(6) Date Grievance Completed	(7) Number of Days to Resolve	(8) Details of resolution		
12/30/2013	***	***		Member's mother stated that the medical home is disorganized and that every time her son has a test that is run the office never calls them with the results. She stated that this has happened on several occasions and that she feels that doctor doesn't listen to her. The most recent of occasions was on 12/20/13.	12/30/2013		Member changed to a new MH. Referred to PSR. Will track and trend for similar issues.		

## Community Health Solutions of Louisiana BAYOU HEALTH State Fair Hearing Summary Report

\*Annual Report: If hearing was not completed in 20\_\_\_, indicate status as "pending" in column 7

State Fair Hea	ring Reporting Period	:							
(1) Date Request Received	(2) Medicaid ID of Member	(3) Individual & Relationship to Person Requesting State Fair Hearing (Member, Authorized Rep. or Provider)	(4) Type of Service Denied (Be Specific)	(5) Reason for State Fair Hearing (Use Number Code from Reason Summary)	(6) State Fair Hearing Reason Narrative	(7) Date Hearing Was Completed	(8) Number of Days to Resolve	(9) Determination (Upheld, Overturned, Withdrawn)	(10) Explain Reason State Fair Hearing Was Upheld, Overturned or Withdrawn
					Mother is appealing denied extension of Private Duty Nursing				
7/25/2013	***	***	Private duty nursing		services requested for her child	Completed		Upheld	SFH dismissed-no show
7/25/2013	***	***	Private duty nursing		Mother is appealing denied extension of Private Duty Nursing services requested for her child	Completed		Upheld	SFH dismissed-no show
			Continuity of		Parents are appealing denied continuity of Speech Therapy				
8/26/2013	***	***	speech therapy	11	services for their son.	Completed		Upheld	SFH dismissed-no show
9/12/2013	***	***	Nursing services	14	Mother is appealing denied nursing services	Completed	44	Upheld	SFH dismissed-no show
10/30/2013	***	***	Admission	14	Hospital is appealing denial of admission	Pending			
11/7/2013	***	***	Surgery	14	Member is appealing denial of surgery	Completed	41	Reversed	CHS reversed appeal decision prior to hearing
11/14/2013	***	***	Pediatric daycare services	14	Responsible party is appealing denial of pediatric daycare services	Pending			
11/19/2013	***	***	Continued pediatrics healthservices	14	Mother is appealing denial of continued pediatrics healthservices	Pending			
11/20/2013	***	***	Nursing services		Mother is appealing denied nursing services	Pending			
11/20/2013			ivarising services		internet is appearing defined flatisting services	T CHAINS			

Reason Number Code	Reason	Number of Grievances	Number of State Fair Hearings
1	Quality of Care	66	
2	Accessibility of office	2	
3	Attitude/Service of staff	23	
4	Quality of office, building	8	
5	Timeliness	72	
6	Billing and Financial issues	2	
7	Clinical Criteria Not Met -		
,	Durable Medical Equipment		
8	Clinical Criteria Not Met -		
<u> </u>	Inpatient Admissions		
9	Clinical Criteria Not Met -		
9	Medical Procedure		
10	Prior or Post Authorization		
11	Lack of Information from Provider	2	
12	Level of Care Dispute		
13	Not a State Plan Services		
	Other		
14	(Must provide description in narrative	46	
	column of Summary Reports)		
	TOTALS	221	
DO	NOT ADD OR CHANGE REA	ASON CODE	ES